

DISTRICT OF COLUMBIA

Office of Administrative Hearings

One Judiciary Square
441 4th Street, NW, Suite 450N
Washington, DC 20001-2714



Tel: (202) 442-9094 • Fax: (202) 442-4789 Email: <u>oah.filing@dc.gov</u>

Student Name:	_
School Attending:	Student ID #.:
REQUEST FOR AUDIO RECORDING OF HEARING FOR DCPS CASES I request a copy of the audio recording of the hearing held by the Office of Administrative Hearings	
(OAH) for the above referenced matter. PLEASE A PROCESS YOUR REQUEST.	
Hearing Dat	e:
Hearing Room Number (if known	
The presiding Administrative Law Judg	e:
required. Only the parent, eligible student (or rec	ided at no cost to the parent. Positive identification is legal representative), DCPS officials may request a ording. ontact you when the recording is ready for pick-up.
Name of Person Submitting the Request	Firm/Office/Business (if applicable)
Address	Telephone Number
City State Zip Code	Email Address
☐ By checking this box, I consent, according to documents issued in this case by email.	OAH Rule 2841.16, to receive orders or any other
For Clerk's Office Use Only:	

Signature of OAH Staff Member

Confirming Identification

Date: _

OAH GEN Form, Rev. 02-18